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ABSTRACT

This report focuses on the Brandeis Health Fair. In June, 1970, Mrs. Lily Fleming, a young black woman was assigned by the New York Life Insurance Company to serve as a full-time project associate in the Brandeis High School partnership program sponsored by the Economic Development Council (EDC) of New York City. Soon after arriving at Brandeis, she undertook the task of trying to improve the health of students at Brandeis. A conference of the Social Studies Department on November 8, 1971 gave impetus to the idea of a health project, and the minutes recommended that EDC and the school work together to start a health program. The first of a series of planning meetings was held in December, with representation from school departments, EDC, and the Department of Health of New York. The date set for the Health Fair was the week of April 17, which gave the planning group five months to put together the whole program, including plans for follow-up procedures after the Fair. The decision was made to devote three days to the testing of students in Grades ten through 12 in the main building and two days for testing the ninth grade in the Annex. This turned out to be an appropriate decision, since the number of students who took tests in the ninth grade was as large as the total number of students tested in the other three grades combined. [Seven pages of copyrighted material, pages 55-61, have been deleted from the document.] (Author/JM)

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HIGH SCHOOL HEALTH FAIRS

Manual for Conducting Medical Examinations for Students In a Large Urban High School

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This manual was made possible by the work of hundreds of people toward the success of three health fairs, described herein.

Students, parents, faculty, school administrators, health agencies, and community service organizations -- all had important functions.

The number of requests for copies of this manual led to its publication. The New York Life Insurance Company printed this manual as a public service.

In addition to the authors, the following persons assisted in assembling the information for this manual and in making recommendations for improving health fairs: Murray Cohn, Principal and Florence Shapiro, School Coordinator, Brandeis High School; Dr. Ann Kent, District Heatlh Officer (retired), New York Health Services Administration; Dr. Herbert Cave, Harlem Hospital Center; Martin Cane and Phillip Jones, Economic Development Council of New York City, Inc.; Valiere Alcena, Albert Einstein College of Medicine; and Donald E. Barnes and Virginia Newton, Institute for Educational Development.

Permission to reprint from Ann F. Brunswick and Eric Josephson's Adolescent Health In Harlem, is by permission of the authors and the American Journal of Public Health, which published the report as a supplement in October, 1972.

Introduction

It would seem quite unlikely that a program of medical examinations for many hundreds of students in an urban high school would become a gala event, with all the esprit and excitement usually associated with a carnival, but such a surprising occasion took place at Brandeis High School in April, 1972.

Just as impressive as the overwhelming response of the student body to the opportunity to take health examinations, was the organizational team-work that brought the health fair to such a successful conclusion.

A rough draft of this report was made available to three other New York City high schools planning health examinations for students. Two of the high schools, James Monroe and George Washington, benefited from the Brandeis experience. Each school, however, decided to organize its health examinations differently. In both cases, the projects were shown to be highly successful, suggesting that there is no one surefire way for organizing health examinations in school settings.

In order to help other schools interested in planning similar enterprises, this report will document the Brandeis Health Fair from its original conception, planning stages, and the process of execution. Descriptions of the Monroe and Washington projects are included to indicate alternative procedures for organizing health fairs. Special attention will be given to the problems encountered, and the importance of careful planning and follow-up that the health fairs illuminated.

CONTENTS

Introduction

Background 2

Recommendations 3
- Planning and Preparatory Phase 4
- Records 6
- Health Tests 8
- Follow-Up 9

The Brandeis Health Fair 12
- Plans and Procedures 13
- Educational Exhibits 16
- Information and Publicity 16
- The Health Tests 17
- Problems Encountered 18
- The Health Profile at Brandeis 23
- Follow-Up Procedures and Future Plans 25
- Cooperating Health Agencies 29

The Health Fair at James Monroe 30

The Health Fair at George Washington 34

Appendix 51

- Press Release from Albert Einstein College of Medicine 52
- Press Clipping, New York Post, James Monroe Health Fair 55
- Press Clipping, New York Post, Health Department figures showing rise in VD rates in city among teen-agers 56
- Summary of "Adolescent Health in Harlem", American Journal of Public Health, October, 1972. Ann F. Brunswick and Eric Josephson, Columbia University School of Public Health and Administrative Medicine, Adolescent Health Project 57

The most important concern in this report is the students whose response to the health programs demonstrated a profound interest on the part of the young in the whole area of health, including possible careers.

The obvious interest of high school students with their health and well-being, and the need for improved delivery of health education and health care and treatment were firmly underscored in the three health projects. The significance of the event was that these schools put on successful extra-curricular programs, but that the schools took on the responsibility of building upon the health fairs and planning for future expansion of their health programs. They also responded to the challenge of setting up a system for linking the students' health needs to available resources in the community.

Background

Hardly anyone quibbles with the statistics that show the direct relation between poverty and poor health. The National Advisory Commission on Civil Disorders reported in 1969:

> "The residents of the racial ghetto are significantly less healthy than most other Americans. They suffer from higher mortality rates, higher incidence of major disease, and lower availability and utilization of medical services. They also experience higher admission rates to mental hospitals.... From the standpoint of health, poverty means deficient diets, lack of medical care, inadequate shelter and clothing, and often lack of awareness of potential health needs.

Eric Josephson, Director of the Adolescent Health Project at the School of Public Health and Administrative Medicine,

Columbia University, in his book, "Violence and the Health of Youth," states:

> "Further evidence of the relationship between morbidity and poverty may be found in nationwide data available on reasons for dropping out of school: among youngsters 16 to 21 years of age the proportion of non-whites who gave illness as a reason for dropping out of school in 1963 was nearly twice the white race. And among young men 20 to 24, who had had no work experience in 1964, the proportion of non-whites who gave illness or disability as the reason for never having worked was nearly three times the white race. These and other figures demonstrate that the disadvantage in health status of non-whites in the U. S. begins before birth and remains with them through childhood and adolesence."

The three schools involved in this report serve a total student population of approximately 13,000, with the average ethnic ratio of 40% Black, 46% Spanish surname, and 14% others.

Recommendations

The following list of recommendations grew out of the experience of the Brandeis health fair format, and may prove useful for schools with all-year health programs, as well as those who plan health fairs as a means of dramatizing health needs and education for the community beyond the school walls. The list is far from complete, but it should be helpful as a planning aid for school health programs.

Planning and Preparatory Phase

1. Identify public, private and voluntary health agencies in your community that can assist in planning and educating school staff and volunteers. Involve them in ways they can best be helpful to your school health program, keeping in mind that each agency has its own priorities, area of expertise, resources, and constraints.
2. Prepare carefully all paperwork forms, records instructions, explanations, announcements, letters --all should aim at simplicity, without omitting important details.
3. Get assistance from health experts familar with methods of reducing needless paperwork and form-filling, without sacrificing essential information. This is particularly important in devising forms that require confidentiality.
4. Carefully train staff and volunteers, especially if student aides are used, in the proper handling of records, so that all important information is recorded, and record processing is orderly. Each person handling records should be familiar with the purpose of each form, and its flow through the information system. Special attention should be paid to the sensitive nature of health records, and extreme caution given to handling of confidential health information. School personnel authorized

to handle confidential health information should be minimal in number and widely respected for their discretion.

5. Prepare all information and orientations about the kinds of tests to be offered so students will understand the difference between a screening and a diagnostic test. The information should also clearly explain the difference between a "positive" and "negative" test result. Perhaps a special poster campaign would be worthwhile to reinforce the idea that "positive" means, "You're probably ok, but you need another test just to be sure, "and "negative" means, "You're o.k. and you don't need another test for now".

6. Prepare in advance to interpret test results for students as soon as possible. Do not underestimate the anxiety an adolescent may feel concerning his or her physical condition.

7. Be sure that health agencies indicate on their test result forms what scale they used for determining "normal" or "abnormal." Also, in the case of eye and ear tests, be sure that the cards include data for left and right organs.

8. Stress to cooperating health agencies the importance of sending well-trained representatives to the

school to explain and interpret tests to students.

9. Make arrangements for all cooperating health agencies that wish to make a visit to the school prior to the Fair. In those cases, be sure that all specifications for space, equipment, lighting, electrical outlets, water and staffing, if any, are given in advance so that appropriate space and facilities can be arranged.

10. Involve all school departments in the planning, preparatory and informational stages, and be sure that the Custodial Staff is included in planning and seeing to proper sanitary facilities.

11. Conduct the health fair, during school hours, rather than on a week-end, if possible.

Records

1. Arrange adequate time for detailed orientation of teachers in the processing and maintenance of records, including consent slips.

   -- expedite processing of records to inform students of their test results as soon as possible.

   -- give great care to assigning student aides to record-keeping tasks. Under no circumstances should they have access to sensitive and confidential records.

Extreme caution should be taken to maintain confidentiality throughout the whole process.

-- be certain in devising forms, that all essential information needed is requested. As an example, on the urinalysis form a special question for girls should be included to determine if menstruation was occurring at the time of the urinalysis.

-- be extra careful that lab specimens are labeled correctly, make up rubber stamps in advance for routine information and instructions.

2. Devote adequate time to training students in record-keeping. Assign one adult to each test station to check on students keeping records, especially during turnover periods, if students are assigned on a class period schedule.

3. Include on forms such as vision, blood pressure and urinalysis information as to what range is considered "normal" for the age bracket, or height-weight of student.

4. Number all consent slips issued. In this way, returned slips may be used for a drawing for prizes. It is an effective way of getting students to return the slips, which is the first step toward getting the students involved in the whole health fair.

5. See that adequate staff is assigned by the principal for processing records.

Health Tests

1. More information can be gained by adding a few other tests, such as when a blood sample is taken, several tests can be made from the same sample.
2. Tests to be administered should be explained as thoroughly as possible to students, allowing opportunities for questions prior to the day of the Fair. Include on forms what is considered "normal" when test results indicate "normal" or "abnormal." For such tests as blood pressure and vital capacity, a scale can be given to indicate what is normal for age and weight range.
3. The Tyne test for tuberculosis should be clearly explained, with written instructions for recipients to report to school nurse the next day regardless of whether the reaction is negative or positive. Teachers should be given the same information.
4. Be sure that all tables and other work surfaces are covered with surgical paper that is changed often during the Fair.
5. See that there are adequate numbers of plastic-lined disposal containers for the large amount

of discarded swabs, dipsticks, specimen cups, and other medical supplies used in testing, and that containers are emptied when full.

6. Assign one adult to each record-keeping table to monitor student aides assigned to paperwork, especially during turnover period.
7. Space health test stations far enough apart and separate them with colorful educational exhibits, to help avoid crush around in-take table and to alleviate restlessness on part of students awaiting turns.

Follow-Up

1. Prepare for follow-up by developing an inventory of community resources for referrals and follow-up treatment. Pertinent information should be included about hours, fees, if any, and whether they accept Medicaid patients, etc.
2. Arrange to assist students in making and keeping follow-up appointments, including interpreters for foreign language speaking students, if necessary.
3. Continue liaison with cooperating follow-up agencies to insure that they keep appointments on time with students, and are sensitive to students' anxieties.
4. Consider giving grade points for students who follow up with treatment, especially dental appointments.

5. Inform parents of the need for follow-up, and enlist their cooperation.
6. If feasible, arrange a portable dental set-up at school for regular visits of dentists to check students.
7. In the case of students who do not respond to second notices for follow-up or treatment, try to determine whether failure to respond is related to illness, and whether the individual has sought private medical care.
8. Sensitivity to the emotional reaction of students to positive results should be maintained in all individual or group counseling follow-ups. This concern should also be extended to the reasons why students do not make follow-up appointments. Providing carfare for students without funds might be helpful in some cases.
9. Arrange several evaluative conferences for staff involved in the planning and operating of the health program in the school, to help them work toward continually improving the educational and health delivery systems for students.
10. Consider arranging a follow-up report or evening assembly for parents and concerned community leaders to relate the health needs of students, as indicated by the results of tests given during the Fair, to the larger question of family and

social health.

11. When certain test results are remarkably at variance with present trends and projections, such as in the low positive rates for syphilis in these samples, it might be valuable to explore the reasons for the discrepancies with experts in the field. Different tests and methodologies may yield different results, usually with small margins. It would be highly advantageous to invite an epidemiologist from a local health department to advise the planners and participants in how to understand and what to do about variances in the statistical results, should they depart widely from norms and trends in the nation or within the city.

A P P E N D I X

A.	The Brandeis Health Fair	pp. 12-28
	Plans and Procedures	13
	Educational Exhibits	16
	Information and Publicity	16
	The Health Tests	17
	Problems Encountered	18
	The Health Profile at Brandeis	23
	Follow-Up Procedures and Future Plans	25
B.	Cooperating Health Agencies Brandeis Health Fair	29
C.	The Health Fair at James Monroe High School	30
D.	Press Release from Albert Einstein College of Medicine	52
E.	Press Clipping, New York Post James Monroe Health Fair	55
F.	Press Clipping, New York Post Health Department figures showing rise in VD rates in city among teen-agers	56
G.	Summary of "Adolescent Health in Harlem, American Journal of Public Health, October, 1972. Ann F. Brunswick and Eric Josephson, Columbia University School of Public Health and Administrative Medicine, Adolescent Health Project	57
H.	Report and Recommendations, George Washington Health Fair, by Martin Cane	34

THE BRANDEIS HEALTH FAIR

In June, 1970, Mrs. Lily Fleming, a young Black woman was assigned by the New York Life Insurance Company to serve as a full-time project associate in the Brandeis High School partnership program sponsored by the Economic Development Council of New York City. Her experience in both the personnel department of New York Life and as a Director of a community agency acquainted her with the reality of health problems among non-whites, and persuaded her that many of the learning problems of students from impoverished backgrounds were related to health defects. Soon after arriving at Brandeis, she undertook the task of trying to improve the health of students at Brandeis.

A conference of the Social Studies Department on November 8, 1971 gave impetus to the idea of a health project, and minutes recommended that EDC and the school work together to start a health program. Excerpts from the minutes follow:

> "The conference revolved about the too common problem of students not hearing what other pupils and the teacher are saying although they appear to be listening. Teachers spoke of students with apparent hearing and visual defects which are rarely diagnosed and treated... of the sorry state of physical health in which too many of our youngsters find themselves... (and) of youngsters (who) have not had their eyes treated since the seventh grade. The department was unanimous in its sentiments (regarding) the need for school medical services..."

Shortly thereafter, Murray Cohn, Principal, called a meeting of parents, students, teachers, school nurse and EDC staff to discuss plans for improving health services to students. The principal's support and encouragement was one of the driving forces behind the Health Fair, and the subsequent plans for intensifying health education and health care in the school.

Plans and Procedures

The first of a series of planning meetings was held in December, with representation from school departments, EDC, and the Department of Health of New York. Lily Fleming, as coordinator and project manager, assumed responsibility for liaison between health agencies, community resources, and the school. Murray Cohn assigned the Health and Physical Education department a key role, working with the school nurse, Mary Singer, in all phases of the project related to orientation, preparation of essential forms, and recordkeeping. He also enlisted the support of all departments in the school, and kept the school community informed through letters, announcements over the public address system, and press releases.

The date set for the Health Fair was the week of April 17, which gave the planning group five months to put together the whole program, including plans for follow-up procedures after the Fair. The decision was made to devote

three days to the testing of students in grades 10-12 in the main building, and two days for testing the 9th grade in the Annex. This turned out to be an appropriate decision, since the number of students who took tests in the 9th grade was as large as the total number of students tested in the other three grades combined.

Dr. Ann Kent, District Health Officer, and Connie Campbell, Community Health liaison of the Riverside Health Center, New York City Department of Health, made two site visits to the Main Building and Annex. Their suggestions and assistance throughout the Fair were especially helpful in planning follow-up procedures.

Other health agencies sent representatives and/or materials to the school for special orientation sessions for students, faculty, and parents. It was not necessary for all the agencies to make site visits, but it turned out to be very important that they communicate specifications for conducting tests to the Health Fair coordinator, who was responsible for arranging appropriate facilities for the health examinations.

After many conversations with representatives of health agencies, the planning group decided that it was feasible to administer health tests for the following:

Blood pressure

Syphilis

Sickle cell anemia

Dental problems

Hearing - (Ear check and Audiometer test)

Tuberculosis - (Tyne test)

Respiratory Disorders - (Vital capacity test)

Urinalysis - (Blood and Protein)

In addition, the Health and Physical Education department conducted Vision (Snellen chart) tests and checked height and weight of students before the Fair proper.

To save unnecessary trips to the school by participating medical professionals, Mrs. Fleming took videotape equipment to Harlem Hospital, where Dr. Herbert Cave videotaped a complete explanation of the tests, and how they would be administered. These videotapes were used to demonstrate the tests for school personnel involved.

Other details handled by the project coordinator were: getting necessary permits, arranging for appropriate space for participating agencies and exhibitors (including parking space for mobile units), ordering supplies not provided by cooperating agencies, and arranging with the custodial staff for proper sanitary facilities and clean-up services. The extra attention given to creating a clinical and professional atmosphere in the two school sites was an important investment of time and material. An ample supply of surgical paper and disposal containers with plastic liner bags, paper cups, etc., made it possible to maintain cleanliness and order in the health-test areas.

Educational Exhibits

Space was provided for special exhibits and live information from several agencies not included in the testing procedures. One of the most popular programs was the Operation Total Family Outreach Program conducted by Harlem Hospital. A sound and color slide presentation on family planning, with exhibits of birth control methods, was complemented by two family planning advisers from the Outreach Program, who were available for questions. The juxtaposition of the family planning exhibit to other test areas seemed to work toward instilling a serious and calming effect on students who were waiting to be tested.

Information and Publicity

Interest in the Brandeis Health Fair was generated by many efforts directed at faculty, students, parents, and the community. The Principal's memos to teachers urging a continuing effort to publicize the Fair, his announcements over the public address system, invitations to parents to attend an orientation workshop (in English, Spanish and French), brief announcements in assemblies, the poster campaign conducted by the Art Department, distribution of information on health careers, films and brochures on health subjects shown prior to the Fair, were part of the gradual buildup of interest. Care was taken not to saturate the students, however, by keeping the project

somewhat low-key. A single news release issued March 27 by the Principal to local radio stations and news media was sufficient to publicize the Fair in several languages, and to bring a camera crew from WNBC to cover the Fair itself.

The suggestion for using consent slip numbers as a lottery for the drawing of prized turned out to be an excellent motivator for students to get their consent slips signed and returned quickly. The prizes were of sufficient interest and value to be a good talking point for participating in the Fair. In addition to three Instamatic cameras and baseball game tickets, three Polaroid cameras were offered for the best posters created.

A student designed buttons, 5,000 of which were distributed with consent slips. They soon became collectors' items, providing a constant, ambulatory advertisement for the idea of "Brandeis Health Power."

The Health Tests

A total of 2,652 consent slips were turned in by students whose parents approved their taking one or more health examinations. The scheduling of tests by class and period went smoothly except for the necessary variation in time required by different tests. The tyne test takes an estimated three minutes, while syphilis screening takes fifteen minutes. This explains in part why many students

were unable to complete all the tests that interested them.

In addition to the height and weight checks and vision tests (Snellen chart) conducted by the Physical Education Department prior to the Health Fair, the following health tests were administered:

Test	Administered By:	Total No. of Students Tested
Blood Pressure	Harlem Hospital	1,510
Venereal Disease (Syphilis)	Dept. of Health New York City	1,532
Dental Check-up	Dept. of Health	993
Hearing (Audiometer test and Ear check)	N.Y. League for the Hard of Hearing	687
Tuberculosis	Harlem Hospital - (Tyne solution and material supplied by Dept. of Health	1,837
Respiratory Disorders (Vital Capacity test)	St. Vincent's Hospital	1,019
Urinalysis (Blood and protein)	Brandeis H.S. Health Career Students	1,012
Sickle Cell Anemia	Dept. of Health (Sickle cell solution supplied by EDC	1,854

Problems Encountered

Although many of the problems encountered during the actual Health Fair and follow-up period might have been avoided with more experience and foresight, some of them perhaps were simply inevitable.

The prophetic concern of the Social Studies Department that possibly students couldn't hear despite their attempts

to listen seems to have been borne out by the experience in giving oral explanations and instructions. Possibly acoustics in classroms and auditoria share part of the blame, and possibly both the information to be conveyed was incomplete, or the people conveying informatien omitted important details, but there was too often a certain amount of confusion about the real intent and limitations of the tests. Hence, note in Recommendations that information be given in writing as well as oral form. The tests were screening tests, and the results were not to be understood as definitive marks of good or bad health, but rather as indicators that a stock and preliminary examination, under less than optimal testing conditions, indicated that further and more thorough diagnostic testing was indicated.

Item. Despite attempts to explain that the sickle cell test was for trait, not disease, and that sickle cell anemia is an inherited disease which predominantly affects Blacks, many students nevertheless, tended to regard the sickle cell test as irrelevant. Yet, of 96 students with sickle cell trait detected by the test, 21 were students of Hispanic or Mediterranean background.

Item. The importance of registering either Positive or Negative results of the Tyne test on the students' permanent health record was too poorly understood by some teachers, as well as students, who did not realize

that one of the reasons for giving the Tyne test at regular intervals is to watch for conversion phenomena. Once a person converts from Negative to Positive, he will always be positive, and should not be given further Tyne tests. It is also very important to know whether the recipient of the Tyne test has received a BGG immunization, which can also be a factor in Positive results of the test. This question, unfortunately, was omitted from the Tyne test form, and involved another round of questioning of Positive testees.

Item. The reading of Tyne tests 36 to 48 hours afterwards by school nurses created another scheduling problem that could have been alleviated by having supplementary nurses from the Department of Health for the readings.

Item. Although the venereal disease test was for syphilis only, many students and some teachers thought that the single test was for both syphilis and gonorrhea. More explicit information about the difference between the two diseases, their symptoms, and the different kinds of tests given for each would have prevented the confusion of the two diseases.

Item. There was only one dental examination chair, and two regular chairs had to be used for dental checks. The number of students who wanted dental check-ups could not be accommodated during the course of the Fair. In view

of the high proportion of students with dental problems, consideration might be given to providing regular dental check-ups throughout the year.

Item. The blood pressure records provided for "normal," "high," and "low" without specifying what measure was used, i.e., age, sex, height and weight. The pressure was taken on only one arm, not two, which would have given a more accurate measure. (A quieter area should have been arranged, since technicians had difficulty hearing in the test space provided.)

Item. The New York League for the Hard of Hearing specified that the examination room be sound-proof prior to the Fair, however, the school's quietest spot available was not sufficiently sound-proof and the League complained that it was too noisy for the delicate Audiometer test. The large number of non-English speaking students also presented a problem at the Audiometer testing site. It would also be advantageous to have foreign language interpreters available for the hearing test.

Item. The Vital Capacity Test for respiratory disorders registered only "normal" or "abnormal" without stating measures in relation to age, sex, height, weight.

Item. The records for Urinalysis failed to include a special question for girls to determine if they were menstruating at the time of the test. This required re-questioning girls with a blood positive test result.

Item. The vision tests given by the teachers in the Physical Education Department did not give uniform test results -- some recorded only "O.K." unless otherwise noted, and some of the records did not notate right and left eye vision.

Item. The volume of blood tests for sickle cell was so large that specimens had to be sent to more than one laboratory for analysis. In the process, 34 lab slips had to be traced by the Department of Health with some time loss. Although this is a problem for the cooperating agency, it again underscores the importance of recordkeeping, including the proper labeling and routing of lab specimens.

Item. More information could have been derived by "piggybacking" tests, i.e., using a blood sample for more than one test -- Sickle cell, hemoglobin count, etc., instead of just one test.

Item. A few of the representatives from health agencies who came to the school to inform students could have been better trained for the task.

Item. The terms "positive" and "negative" continued to confound many students, despite repeated attempts to clarify that "positive" meant more diagnostic tests were in order.

Item. Despite efforts to streamline forms to the minimum for faster processing, as noted above, more information could have been elicited more advantageously.

Item. Despite the attention given to the need for

careful and rapid processing of records, the paperwork turned out to be more time-consuming and cumbersome than anticipated.

The Health Profile at Brandeis

Although only 75% of the entire population of the school took tests, and only about 19% of the total population took some of the tests that required longer periods for completion, some generalizations might be extracted from the results. There were a few surprises.

First, the willingness of such a large percentage of the student body to roll up their sleeves for blood tests revealed one aspect about a student health concern that was not highlighted at the Fair -- the overt signs of needlemarks as an indication of mainlining drugs. Nowhere in the Fair was there an effort to determine the extent of drug use at the school, or to identify students with drug problems. But the remarkably high percentage of students without tell-tale signs of self-administered injections was of some assurance to the school personnel that the intensive campaign against drug abuse and drug pushers in the school over the last two years, might have been instrumental in starting a roll-back of drug use by students at Brandeis. The large number of students who took blood tests was compared with the recent experience of another high school reputed, like Brandeis, to have

had a very serious drug problem, where only a hundred or so students took blood tests.

Another pleasant finding was the remarkably low incidence of sickle cell trait, with no sickle cell disease found as a result of the Sickle Dex tests.

But proportionately higher than anticipated, despite observations from classroom teachers, was the number of students with impaired hearing. Of the total of 600 given the Audiometer test, 72 were found to have hearing deficiencies.

The high proportion of students with dental ailments was not unexpected. Of 993 dental tests, 564 were found to have dental defects.

The prevalence of hypertension among adolescents tested at Harlem Hospital this year was borne out by the blood pressure tests. Compared with sample of 1,300 adolescents tested at Harlem Hospital, where 54 cases of adolescent hypertension were found, the 1,510 students tested at Brandeis identified 52 cases of hypertension, or a total of 62 students with abnormal blood pressures.

But the most striking statistics are the ones that go against current publicity and projections about the prevalence of venereal disease among teenagers: of the 1,532 students tested for syphilis, only two tested positive.

The following simple breakdown shows the total number of students tested during the Fair, and the number who

were found to need further diagnostic testing, or treatment.

	Test	Number Tested	Number Needing Further Testing or Treatment
1.	Dental	993	564
2.	Vital Capacity	1,019	26
3.	Hearing	600	72
4.	Venereal Disease (syphilis)	1,532	2
5.	T.B. Tyne	1,837	149
6.	Sickle Cell	1,854	96
7.	Blood Pressure	1,510	62
8.	Urinalysis	1,012	145

Follow-Up Procedures and Future Plans

The enthusiasm of students for taking health tests during the Fair did not carry over into the follow-up phase. Their reactions to "failed" tests varied somewhat according to which tests. Generally, those who tested positive for the Tyne test, blood pressure, vital capacity, urinalysis or sickle cell tests were very interested in having additional tests conducted to confirm the initial screening test. It appeared that efforts to explain the difference between a screening test and a diagnostic test had literally fallen on more deaf ears than failed the hearing test. Hence, the recommendation that more care be given to the informational and preparatory phase

of the health program, stressing the importance of written as well as oral explanations.

Many students were upset by test results, and apprehensive about follow-up treatments. It would have been time-saving to have had rubber stamps made up for each health agency involved in follow-up testing or treatment, with address, telephone number, and other specific directions, including space for time and day of appointment. Experience with referral agencies indicates that some are more sensitive to the apprehensions and temperaments of adolescents than others. Harlem Hospital, for example, assigned a liaison from the Cardio-Pulmonary Lab to work with the school. Special days and hours were set aside so that students could be tested without missing classes.

Perhaps the most difficult follow-ups were the students who did not pass the hearing test. Most students found it difficult to accept the idea that they couldn't hear well, and resisted further testing. Some of the resistance was associated with the anxiety of having a hearing-aid prescribed, thus advertising a handicap, or premature old age. This proved to be especially distressing to male, foreign born students. Patient understanding of their anxieties, and explanations that a cold, wax in the ears or a minor ear infection might have affected their hearing performance on the test was usually enough to get their cooperation for further testing. However, they did not like

to hear their high-decibel music singled out as a possible causative factor, but they could respond generally to the idea of a total environmental noise background as a factor, and assurance that hearing-loss has become a fairly common ailment of modern urban life. In certain cases, it was found useful to provide carfare and in the case of non-English speaking students, an interpreter for the follow-up test.

Another interesting part of the follow-up was genetic counseling for students with sickle cell traits. Although no new cases of sickle cell diseases were discovered by the tests, there was a total of 96 students with sickle cell traits. As a result of the considerable publicity given to the disease in the last few years in the Black community, the understanding of the difference between the genetic trait and the disease was fairly well understood by Black students. However, students with Spanish backgrounds and other ethnics evidenced misunderstanding of the sickle cell trait and disease, and the misconception that only people with an African heritage can carry the trait seems to persist. The degree of interest shown by students in genetic and environmental disease indicates that there is need for greater concentration on genetic and environmental health education.

Some of the follow-up problems resulted from the success of the Health Fair in getting such widespread acceptance

of testing. It was especially difficult to contact students with very poor attendance records who participated in the Fair because they were hard to find thereafter, at school or at home. Many students simply failed to respond to third and fourth requests to report to the Nurses' office or EDC office for referral.

The problems connected with the important follow-up phases reinforced the need for an expanded health program at Brandeis, especially to strengthen the concepts of preventive medicine.

COOPERATING HEALTH AGENCIES
BRANDEIS HEALTH FAIR

New York City Health Services
Administration, Public Affairs
125 Worth Street
New York, New York
566-8040

Riverside Health Center
160 West 100th Street
New York, New York
866-2500

Lower West Side Health Center
303 Ninth Avenue
New York, New York
LA-4-2537

Harlem Hospital Center
506 Lenox Avenue
New York, New York
621-3114

Central Harlem Health Center
2238 Fifth Avenue
New York, New York
690-2600

Operation Total Family
(Hana-Harlem Hospital Outreach
Program)
140 West 140 Street, Room 211
New York, New York
368-5002

Kidney Foundation of N. Y., Inc.
432 Park Avenue, Suite 904
New York, New York
(516) IV-6-7903
(212) 683-8018

New York State Department of
Health
270 Madison Avenue
New York, New York
689-8964

New York League for
the Hard of Hearing
71 West 23rd Street
New York, New York
924-3230

Hearing Conservation Clinic
Board of Education
225 East 23rd Street
New York, New York
532-6678

Children's Aid Society
150 East 45th Street
New York, New York
682-9040

American Cancer Society
N.Y.C. Division, Inc.
44 East 53rd Street
New York, New York
PL-9-3500

Sickle Cell Foundation, Inc.
423 West 120th Street
New York, New York
222-8500

St. Vincent's Hospital
Medical Center of N.Y.
Seventh Ave. & W. 11th Street
New York, New York
620-1878

Tuberculosis & Respiratory
Disease Assn. of N. Y., Inc.
15 East 26th Street
New York, New York
889-3370

THE HEALTH FAIR AT JAMES MONROE HIGH SCHOOL

Although plans had been in the making for two years to improve health education and provide health examinations at James Monroe High School, the key decisions about timing and format were not made until after the Brandeis Health Fair. The experience of the latter led to the decision to invite one cooperating organization to coordinate the health services of the Fair. The Albert Einstein College of Medicine of Yeshiva University, 1300 Morris Park Avenue, Bronx, was approached and enthusiastically accepted the invitation.

The date of the Fair was set for Saturday, October 28, when both the participating health professionals and the school plant would be available. The hours were scheduled from 9 to 5 p.m.

Although the day was cold and rainy, the turn-out for the Fair was so heavy that doors had to be closed at 3:30 p.m., turning away hundreds. Approximately 2,000 students attended the Fair, and the examinations continued until 8 p.m.

More than 75 medical professionals, including physicians, senior medical students, nurses and technicians volunteered their services. They were ably assisted by 100 Monroe student volunteers.

Valiere Alcena, a 4th year medical student at Einstein, coordinated the tests, and is compiling a report on the

Fair that will contain statistics on the numbers of students tested for each test. (For a copy of his findings, write him at Albert Einstein College of Medicine, Box 105, 1300 Morris Park Avenue, Bronx, New York 10561.)

Approximately 900 students received full physical examinations, and all of the lab tests offered:

Blood chemistry (glucose and blood area nitrogen)

Blood Count (CBC)

Sickle cell anemia

Syphilis (VDRL)

Tuberculin (PPD)

Urinalysis (glucose and protein)

The general physical examination included recording of medical histories, checks of heart, blood pressure, respiratory system, eyes and vision.

The following week, ear and hearing examinations were conducted at the school by the New York League for the Hard of Hearing.

Preparation for the Fair included a Health Career Week, during which health professionals visited the school to talk with 11th and 12th grade students about opportunities in the health field. A number of workshops were conducted for students, parents, and community, covering such topics as family planning, drug abuse, mental health, sickle cell, venereal disease, and nutrition.

Press releases were sent to the media, but the major

publicity was provided by students, who also assisted in planning special events connected to the Fair, such as a fashion show produced by the students. Several musical groups from the community provided the entertainment. Contributions of prizes and give-aways by companies helped to keep costs down and added a note of festivity.

The Economic Development Council of New York paid for the essential supplies and expenses of conducting the Fair, which amounted to $1,500.00 However, the main contribution came from the Einstein College of Medicine, which put to service approximately $300,000 worth of sophisticated medical machinery. The College estimates that the students who took tests averaged about $195.00 of medical service.

The news release from the Public Information Office of the College of Medicine and press clippings following the Fair, give further details.

Recommendations

The unexpectedly large turnout on a rainy Saturday, and the numbers that had to be turned away without any tests, suggests the need to schedule a Fair for more than one day, preferably on school days. However, if a medical college acts as the coordinating agency, it may not be feasible for their staff to be available on school days. This scheduling possibility might be explored with cooperating agencies.

The advantages of having a single medical college in charge of the physical and laboratory examinations seem to weigh the decision toward that direction, especially considering the important follow-up phase.

GEORGE WASHINGTON HIGH SCHOOL

HEALTH FAIR

October 24-27, 1972

Report and Recommendations by
Martin Cane, Project Manager
Economic Development Council of New York City, Inc.
George Washington High School

HEALTH FAIR: GEORGE WASHINGTON HIGH SCHOOL

During May of 1972, the George Washington High School administration decided to schedule a "Health Fair". A committee was organized which included John Bunzel, Chairman of the Social Studies Department; Dorothy Gordon, Coordinator of Student Affairs; Gladys McNatt, Girls' Health Education; (who was replaced by Margaret Mack) and Martin Cane, Project Director of the Economic Development Council of New York City, Inc. The dates set for the Fair were October 24 through October 27th. Various physical tests and the types of social agencies desired, were discussed. As the decision to hold a Health Fair was made toward the end of the spring term, I was delegated the responsibility of recruiting the testing and social agencies after the faculty left for their summer vacations. Upon their return in the fall, the committee was presented with a list of necessary materials to be supplied by the school, estimated space requirements, and a summary of the tasks to be done. Daily meetings with the committee continued until after Health Fair week.

After careful consideration, the following areas were selected for evaluation:

Health Education

Professionals from the Board of Health were provided to instruct the Health Education faculty and the parents on the tests that would be given, and a description of each

test to be administered. Instructional material was distributed. From the first week in October, a concerted effort was made by the Health Education departments to describe in detail the tests being given during the week of the Fair. All faculty members directly involved received printed material describing procedures to be followed.

Objective: Education and preparation of the faculty and parents.

Result: This objective was minimally accomplished. However, had there been more time available, a more effective program of faculty education could have been attained.

Student Participation

Dorothy Gordon, Coodinator of Student Affairs, recruited students to volunteer to serve as guides, escorts, and aides. For publicity purposes, and to promote participation in the Fair a poster contest was held: the creator of the most effective poster was awarded an Instamatic camera. As another means of encouraging students to get their parents to sign the consent forms, an Instamatic camera and a portable TV set were offered as raffle prizes.

Objective: To involve students in the organization and activities of the Fair.

Result: Objectives met.

Faculty Participation

Numerous efforts were made to involve the faculty. Announcements were made during faculty meetings, requests were made for volunteers, and further appeals were made over the P.A. system. As the Fair progressed, faculty involvement improved to a satisfactory level.

Objective:	Faculty involvement.
Result:	Barely satisfactory. Had there been more time available, more faculty members could have been involved: participation would have exceeded the initial objective.

Community Involvement

For some time, we believed that the most effective method of improving morale at George Washington was to involve community people in the activities of the school. When the Health Fair was in the planning stage, we realized that it presented an opportunity to achieve this goal. Barbara Turkel, EDC Office Manager, volunteered to serve as coordinator of volunteer personnel. Through her efforts, community agencies as well as private persons were contacted. A schedule was drawn; letters were sent to volunteers confirming the dates of their commitments; and instructions were given as to the time and place to report.

Student volunteers assigned to the EDC office were instructed as to their duties, and as to their role as hosts. The attitude of the students was receptive and they eagerly performed their tasks.

A cross-section of volunteers were interviewed: They expressed surprise and pleasure at the courteous reception and treatment they had experienced. Many of the volunteers interviewed expressed the desire to participate in future GWHS programs.

A list of student and community volunteers was compiled and letter of thanks were mailed.

Objective:	Involvement and participation of the community.
Result:	This aspect of the Fair was most successful. The objective was exceeded.

Administrative Support

This area of the Fair presented no problems. Mr. Kostman, principal, and his staff cooperated in all phases of the program.

Scheduling of Students for Testing

When the Fair was in the planning stage, we agreed that a structured type of scheduling of students should be implemented. John Bunzel prepared all the schedules and administered the corresponding procedures. A brief

description of these procedures follows:

The student body was divided into two groups: those students who signed consent forms; those students who did not have signed consent forms.

Students With Signed Consent Forms:

Each student who had a signed consent form was grouped according to his Health Education class. This group was further divided into squads of approximately 20 students. A 3x5 card was made out for each student with the following information: name, Health Education period, squad number and letter, and official class. These cards, along with a list of students were given to the designated faculty member along with a schedule of tests the student would take during the four-day period. A corresponding list was also distributed to the proper test recording table. This informed the technicians and recorders as to who was coming each half period for his respective test.

The students assembled in the auditorium at the beginning of each gym period. Each student has been briefed as to what squad and to which faculty leader he had been assigned. On Health Fair days, the squad leader took attendance, passed out the cards, and proceeded to his scheduled testing area. The first day, for each period, it required approximately 10 minutes to clear the area. On subsequent days, this procedure required only 5 minutes. Free periods were scheduled for testing stations to re-organize and review the records.

Consent Forms:

Result: On the first day, some students claimed that they had lost their Health Fair card, or that they had not been issued. Students who had made such claims were

given duplicates. Subsequently, we discovered that this had been a mistake as some of the students became so enthusiastic about the procedures that they attempted to take all of the physical exams during the same period. After the first day, no cards were issued unless the student's name appeared on the master list or a consent form was presented.

Students Without Signed Consent Forms:

These students were assigned only to health-allied agencies where consent was not required. As the Fair was four (4) days in duration, every student was scheduled to one day for each of the following presentations:

Dental Education

Family Planning

Drug Education

Nutrition, Social Security, American Cancer, and Northside Center were allocated a specific area in the Boys Gym. Students were permitted to circulate freely among the varied exhibits.

Objectives: Efficient scheduling of students

Result: This aspect of the Fair was successful. Administration had control at all times. Each student could be identified as to the exact location of the place he should be at any given time -- and the faculty leader to whom he had been assigned. Each faculty leader had his schedule for the week, and was aware of the location of the testing area to which he should lead his group.

Participating Agencies

Most of the agencies involved in the Fair arrived promptly and were professional in their presentations. However, on two occasions there were agencies that were late and created problems. They were briefed again as to the necessity of arriving on time and as a result this infraction did not re-occur. Although the agencies were informed as to the exact number of students they would be required to process in a given time, one agency failed to supply sufficient personnel to service the participating students. A telephone call to the agency remedied the situation. It was considered in some instances that the social agencies did not send in their "first team" to the school, and that several people seemed unaware of what was specifically required of them. A separate meeting which each individual agency prior to the Fair would have served to correct these minor snags in the flow of operations.

Forms

The following forms were printed and issued in the school:

Consent Forms	4000 copies
3x5 Cards	2000
Recorders' Sheets	1000
Dental Forms	2000
Hearing Forms	1000
Student and Teacher Information Sheets	1000
Total:	11,000

Brief Description of Each Form

Consent Form:

Each student was given a consent form to take home and have signed by his/her parent or guardian which would allow the student to take specific tests being given at the Fair. The form, although a legal lease, was designed to be informative as well. Despite efforts to make the form as simple as possible, this aim was not entirely realized. A space should have been provided to denote any test that parent/guardian did not want his child to take. Furthermore, only one place for the student's - and another for the parent's signatures - should have been provided.

3x5 Cards:

Each student with a signed consent form was issued a 3x5 card printed with his name, official class, and Health Fair Squad. These cards served two functions:

(a) A ticket to the tests.

(b) A permanent record (after the Fair) to be attached to the students' health records at George Washington High School.

Recorders' Sheets:

At each testing station, the recorder was given a typed sheet which listed the Health Education period, student's name, and the official class of each student scheduled for that particular period. A space was left at the bottom of the sheet in the event of additions or corrections. This form proved to be invaluable since it served as a method of processing students for testing, and in addition, provided a permanent record sheet of tests taken, and the results obtained.

Dental Forms:

The Bureau of Dentistry of New York City, requested that these forms be distributed to students eligible for Medicaid who require dental care. To date, several of the forms have been filled out and returned. Dental appointments have been arranged.

Hearing Forms:

The New York League for the Hard of Hearing requested that these forms be distributed in order to afford documentation for their records.

Student and Faculty Information Forms:

Circulars were distributed to the faculty and to students announcing the forthcoming Health Fair.

Statistics:

The entire student body was scheduled to attend presentations by Family Planning, Nutrition, Social Security, Drug Counseling, and the American Cancer Society. The Northside Center took responsibility for pyschological testing.

Type of Test	No. of Tests Administered	Test requiring Follow-up*
TB Skin: Students	842	67
TB Skin: Faculty	53	9
Blood Pressure	821	79 (retested)
		60 (require treatment)
Vision	679	126
Hearing	650	17
Sickle Cell	842	30
Venereal Disease	395	Not available

*A more detailed report from Dr. Novick is being compiled.

Follow-Up

The basic procedures undertaken at the Fair would prove to be of little value if the appropriate follow-up steps were not initiated to serve those students who had positive results on their tests Through the Health Education office at GWHS, lists of positive students were forwarded to the indicated testing agency immediately following the Health Fair. The Department of Health is servicing those students who showed positive reactions in the following tests:

Sickle Cell
Tuberculosis
Vision
Hearing

The Harlem Stroke Program will follow-up on the Blood Pressure readings while the Venereal Disease Bureau will investigate their positive test results.

A liaison between the school and the testing agencies, and additional clerical help must be assigned to the GWHS Health Office in order for them to adequately handle the increasing activity. To date, the follow-up program is progressing smoothly; continued interest in this area will continue until all data has been processed and we are apprised of the final results.

Questionaire:

At the conclusion of the Fair, questionnaires were distributed to faculty, students, and school administration, including those directly involved in the Fair activities, as well as those who didn't participate. The following results were derived from 100 questionnaires returned:

RATING:	Excellent	Good	Fair	Poor
CHOICE OF TESTS ADMINISTERED:	83%	17%		
RATING OF ATTITUDES OF TECHNICIANS ADMINISTERING TESTS:				
Sickle Cell	60%	40%	-	-
Tuberculosis	60%	37%	-	3%
Vision	40%	40%	10%	10%
Hearing	55%	36%	9%	-
Blood Pressure	30%	58%	12%	-
Venereal Disease	33%	22%	12%	33%
Division of Students into Squads:	40%	40%	20%	-
Instructions to Faculty:	35%	47%	12%	6%
Instructions to Students:	23%	54%	23%	-
Time Allowance:	20%	33%	27%	20%
Preparation of Faculty:	24%	48%	24%	4%
Preparation of Students:	27%	53%	20%	-
Scheduling of Non-Scheduled Students:	25%	62%	7%	6%

If you were a non-participant, to what extent were you affected?	A summary of comments disclosed only one adverse response.

Budget

The following expenses were assumed by the Economic Development Council of New York, Inc. The items listed below comprise the total expenses incurred for organizing and running the Health Fair.

Portable G.E. TV (12")		$77.95
Instamatic Cameras (2) (@ $19.00)		38.00
Carfare for volunteer (1)		2.80
Pencils		3.00
Sanitary table cloths		5.00
Coffee and cake for technicians and volunteers		76.00
	Total	$202.75

Conclusion

Based on the following factors, the George Washington High School Health Fair was a success.

- All the objectives were met or exceeded.
- The attitude of faculty, students, school administration and community was favorable.
- The regular tenor of the school day was not disrupted.
- The Fair generated enthusiasm in both the faculty and the student body.
- A Service was rendered.

Comments and Observations:

A valuable service has been rendered to the students of George Washington High School. Many students who were unaware of physical defects are now receiving professional care. The relevance and value in drug counseling, family planning, dental care, and dental education cannot be denied.

However, is there a more effective way to organize and conduct a Health Fair? The following factors are offered for consideration:

- Is a high school structured to implement a Health Fair as described in this report without outside assistance?
- Are there funds available for this purpose?
- Does the faculty have sufficient time to devote to the administration and implementation of such a project?
- Is the attitude of the school administration favorable and supportive?

Comments:

- Could the Board of Education create a standing committee to administer health fairs (or their) equivalent) throughout the schools of NYC?
- Could the Department of Health schedule mass screening and testing?
- Is it feasible for the Department of Health to build into the school curriculum provisions for

screening and testing with arrangements for its administration on a continuous rotation basis?

Note

At the present time, the Health Officer (under the jurisdiction of the Department of Health) located in George Washington High School, does not have the facilities nor the personnel to reach all students in this school.

From comments in the questionnaires, it is apparent that many students have never had the opportunity to take basic medical tests until they were provided by the services of the Health Fair.

APPENDIX

Press Release from Albert Einstein College of Medicine 52

New York Post, November 24, 1972
H. S. Health Fair - It's a Surprise 55

New York Post, November 25, 1972
Teenage Abortions And VD on the Rise 56

Summary from "Adolescent Health in Harlem", October, 1972 supplement, to the American Journal of Public Health, Ann F. Brunswick and Eric Josephson, Columbia University School of Public Health and Administrative Medicine, Adolescent Health Project . . . 57

NEWS

ALBERT EINSTEIN COLLEGE OF MEDICINE

OF YESHIVA UNIVERSITY | 1300 MORRIS PARK AVENUE, BRONX, N.Y. 10461 430-3101

ABRAHAM ALLEN, Director of Public Information Home—RI 9-3690

Patricia Hurley, Associate Director
Athena Foroglou, Contact

FOR IMMEDIATE RELEASE

EINSTEIN SPONSORS HEALTH FAIR

AT JAMES MONROE HIGH SCHOOL

The need for preventive medicine in the South Bronx was graphically indicated one recent Saturday when approximately 2,000 students of James Monroe High School received their first physical examination in over five years. The examinations were given at an all-day health fair sponsored by the Albert Einstein College of Medicine.

Of these examined, five teenagers were found to require immediate medical care and were subsequently sent to Lincoln Hospital for treatment. Twenty-two students were carriers of the sickle cell trait, a genetic disorder prevalent among the blacks. Interestingly, nine of the twenty-two carriers were of Puerto Rican descent. Most significant were the results obtained from the VDRL (syphillis) tests. Of the total number of high school students tested for syphillis, only one blood test was positive. "It's fantastic," remarked Valiere Alcena, the black fourth year medical student who arranged the activities. "This fact alone will surprise many people who seem to believe that venereal disease is running rampant among the minority segments of the teenage population."

(more)

More than 75 personnel (including doctors, nurses, lab technicians and medical students) from the medical college and its affiliates donated their time and services to the fair. Einstein faculty and administrators directed some of the workshops which had been set up in the girls' gymnasium of the high school. These included a workshop on venereal diseases, directed by Dr. John McCahan; on sickle cell anemia, directed by Dr. Jean L. Cooke; on drug abuse, directed by Dr. Lee Hoffman; on the health profession and career opportunities, directed by Dr. Stephen Lazar; on family planning, directed by Mrs. Vivian Smith, R.N. The high school students also directed a workshop on drug abuse.

William Worthy, laboratory administrator for Bronx Municipal Hospital Center, along with the Technicon Company and Culter Electronics, Inc. donated laboratory equipment and technicians to the health fair. Their contributions enabled the medical staff to perform on-the-spot blood tests, such as blood chemistry (glucose and blood urea nitrogen), complete blood count, sickle cell anemia, and VDRL. Also, a urinalysis for glucose and protein was done on each "patient." Finally, all students were given the tuberculin test (PPD), eye examinations and, of course, general physical examinations.

The students' negligible health care was revealed in the findings. A significant number of persons with high blood glucose, urinary tract infections, low hemoglobin (anemia), skin diseases, etc., were referred to clinics at Lincoln and Abraham Jacobi Hospitals for followup.

(more)

According to Alcena, the fair served several purposes. Not only did it foster health awareness among the students and the community, but it also stressed the vital need for delivery of primary health care in communities where such services are not readily available. Also, the realization that authoritative career positions are within the reach of the minority people made a significant impact on the students of the predominently black and Puerto Rican high school.

The staff and students worked throughout the day, and many into the evening hours when the fair ended at approximately 8:00 p.m. "The student participation was absolutely phenomenal!" recalled Philip Jones, of the Economic Development Council, which coordinated the project with the medical school. "These **are** kids that are normally not involved in any high school activity. Yet the fact that strangers expressed interest and concern in their welfare, motivated them to become actively involved in the fair." Unfortunately, due to the lack of time many people were, of necessity, turned away. "The community response was beyond our expectation," added Jones.

Bronx Borough President Robert Abrams was also greatly impressed by the community response. He commented that health fairs should be conducted more often, especially in medically indigent areas of the South Bronx. His views were shared by Erwin Phleischner, principal of James Monroe High School. "This pilot project points out the need for medical care utilizing community resources," said Phleischner. "Further, it must be emphasized that if the services were not free, community response would not have been as great."

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